

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522700 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT					
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1											51					
2	1											52					
3	1											53					
4	1											54					
5	1											55					
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45												95					
46												96					
47												97					
48												98					
49												99					
50												100					
TOTAL IND.	3																
TOTAL DEP.	11																
TOTAL CLAIMS	14																